

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Navajo  
District of Taylor  
Town of Taylor  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 378  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

2. Full name of child Loren E. Palmer  
No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
St. \_\_\_\_\_ Ward \_\_\_\_\_  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births.  
4. Twin, triplet or other \_\_\_\_\_  
5. Legitimate? Yes  
6. No., in order of birth \_\_\_\_\_  
7. Date of birth Aug. 1, 1932  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

8. FATHER  
Full name Arthur Palmer  
9. Residence (Usual place of abode) Taylor  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Eveline Augusta Gibson  
15. Residence (Usual place of abode) Taylor, Ariz.  
If non-resident, give place and state.

10. Color or race White  
11. Age at last birthday 41 (Years)

16. Color or race White  
17. Age at last birthday 43 (Years)

12. Birthplace (city or place) Superior, Arizona  
(State or country)

18. Birthplace (city or place) St. Johns, Arizona  
(State or country)

13. Occupation Farmer  
Nature of Industry Dairying & Stockraising

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 11  
(b) Born alive but now dead 3  
(c) Stillborn \_\_\_\_\_  
21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:10 P. m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. H. Keywood (Physician or midwife)  
Address Superior, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Filed Aug 30, 1932 E. M. Karchner Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar

Registrar

379-801-572